An Essay

On

Cynanche Trachealis,

Respectfully Submitted to the

Faculty of the Homœopathic

Medical College of Pennsylvania.

By

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An excellent thesis
Mrs

Cynanche Trachealis, — Croup.

Croup is a peculiar inflammation of the Larynx and Trachea, and consists of two varieties, viz. true and false.

The inflammation of true or membranous Croup, differs in its character from any other inflammation; and that is, in the exudation of Albuminous matter from the parts affected, forming a tough artificial tube, which is called the false membrane.

This is one of the diseases which generally cause alarm in the minds of those in whose

family it may appear, and well it may, for it sometimes grasps its victim with such an irresistable hold, that all the means that can be brought to bear on the disease prove perfectly useless, and the little Sufferer must inevitably expire in spite of Nurse and Doctor.

In tracing the history of Croup we find that the true Character of this disease was not entirely known until within the present century.

Croup was not defined by Ancient Authors as a distinct disease, and it was undoubtedly Confounded with the various inflammatory affections of the

Throat and Larynx, and by some it was supposed to be a violent form of Asthma Pertussis or Bronchitis.

The history of this disease in this country and throughout the Civilized world where it prevails, as it stands Connected with the old School of practice, is a painful record of deaths and post mortem examinations, giving to the hopeless and forlorn mother the pathological Condition of her dead Child, Exciting to her agonized mind the sure and certain work of death as a sort of satisfaction price for their want of success.

Very few Cases of this disease

recover under Allopathic treat-
ment, and the want of succes
among the old school Practition
ers, in this as with many
other diseases, renders it extremely
doubtful whether the mortality
is increased or diminished by
treatment, most probably
the former.

It was not until the
discovery of Homoeopathy (one of
the greatest blessings that could
be confered upon mankind) that
this so Considered fatal disease
was treated with any succes
whatever, and thanks to the
law Similia and its discoverer
that the Homoeopathic treatment
has saved many a little sufferer

by the timely administration of the appropriate remedies.

The success of Homoeopathic treatment in this disease has been such, that we can readily classify the Croup among Curable maladies. This fact is known and appreciated by every Skilful Homoeopath, and much more so by the frantic mother, whose little one has to all appearance been snatched from the jaws of death, and restored back to her, as a potent argument in favor of that divine law discovered by the Immortal Hahneman, viz Similia Similibus Curanter.

It is in affections of this kind

and others of equal severity that the Homoeopathic Practitioners throughout the land are continually gaining praise and winning the confidence of the hitherto opponents of the cause, and thereby extending their practice and influence, and benefitting mankind.

I have no table of statistics at hand in regard to cure in this formidable disease, but from a general knowledge of facts and my limited experience in this disease, I come to the conclusion that nearly every case will succumb to Homoeopathic remedial agents, all things being equal (that is

to say) when the remedy is given seasonably and when no peculiarity of Constitution Exists.

Croup can be said to be a disease peculiar to Childhood, and those most frequently attacked by it are Children from one to five years. The greater number of Cases are said to appear in the second year of infantile life, it is also said to have attached persons quite advanced in life, but these cases are rare and hardly ever met with. This disease is said to prevail to a greater extent along the sea Coast, owing to the humid atmosphere in those localities,

and inland its prevalence is more general in marshy or low districts, attributable to the same cause, This may be true to some extent, - sudden vicisitudes of temperature and a damp cold atmosphere are favorable to the developement of this disease, as with many others of the respiratory organs. Some Children from Constitutional predisposition or peculiar nervous susceptability of the mucous membane of the Larynx and Trachea, predisposes them to Croup. This peculiar idiosyncrasy seems to prevail in families to such an extent as to leave no doubt in regard to this fact. Again, as this

disease is peculiar to Children from the First to the Fifth Year, there would seem to be a natural susceptability in the organs to take on this peculiar disease, owing to the imperfect developement of these organs in Infancy, hence their increased susceptability to take on disease, So much is this the case, that it would seem that some Children were not fitted for the out door almosphere of this and more northern Climates,- especially in autumn and Spring,

I would recommend as a prophylactic in this disease, Clothing of the arms and Chest of Infants. The fashion of dressing Young Children in

such a manner as to expose the arms and chest, as is criminally practiced in some parts of this Country, should be enumerated among the most potent Causes of this disease.

At the age of puberty there is such a marked change in the organs, which so far lessens the susceptability to the influence of the enumerated Causes, as to be a protection against this peculiar form of disease.

Croup is divided into two varieties; - first the false or nonmembranous, and secondly the true or membranous. the first variety is divided into, Spasmodic Catarrhal and Inflammatory.

1st Spasmodic Croup.

This form is more general than the other varieties, its attacks are sudden and it is not attended with febrile symptoms, the temperature of the skin is normal, the cough is but slight, and when it does exist it is of a crowing character, but is destitute of that peculiar singing metalic sound, which is always present in true Croup. in spasmodic Croup the cough is always dry, it most resembles true Croup in the character of the respiration which is often Extremely difficult and wheezing. There is undoubtedly irritation of the mucous membrane of the

organs implicated, produced by cold, and such is the nervous susceptability of the organs to the ingress and egress of air to and from the lungs, as to produce a spasm of the Larynx and Epiglotis, and hence the extreme difficulty of breathing in false Croup, it resembles in many points the Asthma of Miller and is very frequently mistaken for it, but should not be, for false croup comes on in the evening, while the Asthma of Miller comes on after midnight and is accompanied with Constriction in the Chest, which is the seat of Asthma.

2° Catarrhal Croup.

This also comes on suddenly and is accompanied with a Croupy Cough hoarsnep of the Voice, wheezing and sonorous inspiration, tightnep and oppression of the Chest, and sudden attacks of dyspnoea, but in a few days these Croupy symptoms vanish, leaving simply the Catarrhal symptoms.

3° Inflamonatory Croup.

This form is accompanied with a fever, sorenep of the throat, and hoarse Croupy Cough, wheezing respiration, and symptoms worse in the after-part of the day and Evening.

The peculiarity of the false varieties of Croup are, that their attacks come on suddenly, and generally without any premonitory symptoms, and are most frequently relieved in a short space of time. although the symptoms are quite alarming the patient is soon placed out of danger by the administration of the appropiate remedy.

We come next to the second variety, true or membranous Croup. This form is developed gradually. It generally commences with symptoms as of a Cold, and frequently is not taken much notice of for some time. There is a dry hoarse

Cough, sore throat, hot skin, and thirst with some difficulty of breathing, and roughness of voice; these symptoms may continue for days without any apparant aggravation.
A whistling and buzzing sound may be heard by placing the ear upon the back of the neck or over the larynx, and upon examining the throat there can be distinguished small white specks in the throat and on the tonsils, which denote the formation of the false membrane so peculiar to this kind of inflammation.
As the disease progress the respiration becomes more laborious,

the febrile phenomena more appa-
-rant, the voice more indistinct
and whispering, the cough more
hoarse and sonorous, the peculiar
ringing metalic sound of the cough
is unmistakable (to the Person
that has ever heard it) as diagnos-
-tic of the Character of this disease.
There is secreted from the mucous
membrane of the trachea Coagulable
lymph, which continues as the
disease advances, and is known
as the false membrane, this
secretion tends to increase the
difficulty of breathing.
Inspiration at first is clear
and ringing, and as the disease
advances it gives way to a
peculiar wheezing. The act-

of inspiration is much more difficult than expiration, the egress of air from the lungs is attended with a shrill sound, and in the last stage the Cough is always attended with a rattle.

If the disease advances unsubdued the symptoms continue to progress to an alarming extent, pointing to a speedy dissolution, the head is thrown back to put the trachea on the stretch, in order to increase the capacity to receive and expel the air.- the face becomes pale and livid, the whole countenance agitated with the respiratory effort, and the extremeties become cold

and clamy. The system now gives evidence of imperfect Oxygenation, - partial insensability ensues, the breathing becomes more and more feeble and interrupted, the child sinks ~~sinks~~ into a state of unconciousnep which soon terminates the fearful struggle.

Sometimes the formation of this so called false membrane is not confined to the trachea alone, but extends to the bronchial tubes and sometimes to their ramifications; - thus rendering the opperation of Tracheotomy perfectly unsuccessful. Again the formation of this membrane may take place after it has

once been expeled; and this too in a remarkabley short space of time. It has been known to form after once having ben expeled, in from 6 to 7 hours;- hence the the necessaly of remedies that will act on the system in such a manner as to allay the inflammation and stop the secretion of this membrane. When you have succeeded in so doing, and the membrane is once expeled and the secretion has stoped forming, the case is beyond danger. This membrane is Albuminous in its character and contains a small portion of fibrin.- the thickness of it depends upon the extent of the inflammation.

Therapeautics.

In the various forms of false Croup the remedies most frequently used,- are. Aconite, Spongia, Hepar sulphur, Lachesis, Ipecacuanha and Nux vom.

Aconite is useful in the Commencement of the treatment,- especially in the inflammatory form,- but may be useful in all forms of Croup.

Spongia is useful when there is burning in the larynx and trachea,- dryness of the throat,- husky and hoarse voice - deep and hollow Cough,- wheezing inspiration,- larynx painful to the touch,- and sensation as from a plug in the throat.

Sambucus is necessary,- when there is spasmodic Cough with bluish face, wheezing and hurried breathing, and is most useful in the spasmodic form.

Hepar Sulphur,- is indicated when there is violent fits of Coughing,- tightness and short breathing,- scraping and scratching sensation in the trachea,- stitches in the throat when swallowing, and the stitches extending to the ear.

Lachesis,- is useful when there is a sensation as of a lump in the throat, or some foreign body,- sensativeness of the Larynx

and trachea on pressure, - short dry cough occasioned by a tingling in the throat, - hoarse and hollow voice.

Ipecacuanha may be useful if there is spasmodic suffocating cough and mucous rattling in the chest with vomiting of mucous, or disposition to vomit.

Nux vom is more particularly addapted to the Catarrhal form, if there is dryness or obstruction of the nostrils, drawing and tearing pains in the throat, sensativeness to noise, sore and raw feeling in the fauces.

The inhalation of chlorine-gas may be useful in the spasmodic form, for it will produce symptoms somewhat similar to spasmodic Croup.

We next come to the treatment of true or Membranous Croup. The remedies required in its treatment,- are, Aconite, Kali Bicromicum, Bromine, Caustic Amonia, Tartarus Emeticus.

Aconite is to be used when the fevercish symptoms predominate - hot and dry skin, and frequent pulse, It may be used in alternation with the other appropriate remedy.

Kali Bicromicum

Irregular or intermittent pulse, difficult breathing, hoarse voice, dry cough, with a metalic sound, - whistling and buzzing sound on placing the ear at the posterior part of the neck or over the larynx, - swollen face, - prostration and stupor.

Bromine Symptoms

Hoarse wheezing Cough and sneezing. mucous rattling in breathing, suffocative and labored breathing, gasping for air, heat in the face.

Caustic Amonia

Weak voice, interrupted speech,

Sterterious breathing. Spasm of the Chest. Cough with expectoration after drinking.

Tartarus Emeticus

Mucous rattling in the throat, face livid and cold, - Cold perspiration on the forehead, great weakness and anxiety, gasping for air at the commencement of the paroxysm of coughing.

In regard to the administration of the remedies we should be governed by the severity of the symptoms. If the symptoms are severe, the remedy chosen should be given often, - say every twenty or thirty minutes,

until the symptoms abate,
then the interval between the
doses may be increased.
The lower potencies are prefera-
ble in this disease. – that is,
from the first to sixth.